

CITY OF ALTOONA

FIRE DEPARTMENT

FIRE ADMINISTRATION
1319 WASHINGTON AVENUE
ALTOONA, PA 16601-3139
TEL (814) 949-2230
FAX (814) 949-2245

TIMOTHY M. HILEMAN
FIRE CHIEF

To Whom It May Concern:

I, _____, do hereby agree to indemnify and hold
(print name)
harmless the City of Altoona Fire Department, its officers and employees, from and against any and all claims for
damages or injuries sustained while observing the functions of the department. This shall include being a passenger
in any department vehicle.

(parent or guardian print name if above named is under 18)

Student Signature

Parent Signature
(parent or guardian signature required if under 18)

Date

TMH/cg

File: forms\waiver - parent sign



Printed on Recycled Paper